## PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
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KATTEN MUCHIN ROSENMAN LLP (C/O PATENT ADMINISTRATOR) 2900 K STREET NW, SUITE 200 WASHINGTON, DC 20007-5118				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
·						(Depositor's name)	
						(Signature) (Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO. CONFIRMATION NO.		
10/658,528					THE STATE OF THE S		
TITLE OF INVENTION:		VICE WITH IMPROVEI	Cary James Miller  D SAMPLE CLOSURE		215105.01400	1959	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/04/2010	
EXAMIN	VER	ART UNIT	CLASS-SUBCLASS				
ALEXANDE	R, LYLE	1797	422-102000	•			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> <li>ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON PLEASE NOTE: Unless an assignee is identified below, no assignee recordation as set forth in 37 CFR 3.11. Completion of this form is NO</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)  data will appear on the patent. If an assignee is identified below, the document has been filed for T a substitute for filing an assignment.				
(A) NAME OF ASSIGN		tetion of this form is NO	(B) RESIDENCE: (CITY				
Abbott Poi	nt of Care	Inc.	Princeton,	n, NJ			
Please check the appropriate	e assignee category or	categories (will not be pri	inted on the patent):	Individual Corporati	on or other private gro	oup entity Government	
4a. The following fee(s) are  X Issue Fee  X Publication Fee (No  ☐ Advance Order - # co  5. Change in Entity Status	small entity discount p	ermitted)	Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1710 (enclose an extra copy of this form).				
a. Applicant claims S	MALL ENTETY status	. See S7 CFR/1.27.	b. Applicant is no long	er claiming SMALL ENT	FITY status. See 37 CF	FR 1.27(g)(2).	
NOTE: The Issue Fee and I interest as shown by the rec	ords of the United State	s Patent and Tradinark	Office.	applicant, a registered a	morney of agent, of th	e assignee or other party in	
Authorized Signature	11	/ <i>1:}}}!!X</i>	Date 2010-02-04				
Typed or printed name_		Gendzwill	Registration No. 55,201				
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